

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/599975

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51			1		
2		1						52			1		
3		1						53			1		
4		1						54			1		
5		1						55			1		
6		5						56			1		
7		1						57			1		
8		1						58			1		
9		1						59			1		
10		1						60			1		
11		1						61			1		
12		1						62			1		
13		1						63			1		
14		1						64			1		
15		1						65			1		
16		1						66			1		
17		1						67					
18		1						68					
19		1						69					
20		1						70					
21		1						71					
22		1						72					
23		1						73					
24		1						74					
25		1						75					
26		1						76					
27		1						77					
28		1						78					
29		1						79					
30		1						80					
31		1						81					
32		1						82					
33		1						83					
34		1						84					
35		1						85					
36		1						86					
37		1						87					
38		1						88					
39		1						89					
40		1						90					
41		1						91					
42		1						92					
43		1						93					
44			1					94					
45			1					95					
46			1					96					
47			1					97					
48			1					98					
49			1					99					
50			1					100					
TOTAL IND.	1							TOTAL IND.					
TOTAL DEP.	46	←	←	←	←			TOTAL IND.					
TOTAL CLAIMS	47							TOTAL DEP.	22	←	←	←	
								TOTAL CLAIMS	23				